

1 PLACE OF DEATH

County Muhlenberg
 Vol. Pct. H C Haver
 Inc. Town _____
 City _____

 COMMONWEALTH OF KENTUCKY
 State Board of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registered No. District No. 1093
 Primary Registration District No. 6831
 (No. _____ St. _____ Ward _____)

File No. _____
 Registered No. 12049
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nancy J. McWhiter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed or Divorced
 (Write the word)

6 DATE OF BIRTH Feb 9 1850
 (Month) (Day) (Year)

7 AGE 73 yrs. 2 mos. 16 ds.
 (Write the word)

8 OCCUPATION
 (a) Trade, profession or particular kind of work. Homemaker
 (b) General nature of industry, business or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER Joseph Mitchell

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Louy J. Walker

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos McWhiter

(Address) Greenville, Ky

Filed Apr 3 1923 O. Bewick Registrar

11-3584

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 25, 1923
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 10, 1923, to Apr 25, 1923, and that I last saw her alive on Apr 15, 1923, and that death occurred on the date stated above at 5 P. m.

16 CAUSE OF DEATH was as follows:
Carcinoma of liver

(Duration) _____ yrs. 6 mos. _____ ds.
 Contributory (Secondary) _____

(Signed) J. Anderson, M. D.
5/2 1923. (Address) Greenville, Ky

17 STATE THE DISEASE causing death, or, in deaths from violent causes, state (1) means of injury; and (2) whether Accidental, Suicidal or Homicidal.

18 MONTHS OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residences)

at place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted,

if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Friendship P.O. DATE OF BURIAL Apr 26, 1923

20 UNDERTAKER McDonald & Debit ADDRESS Greenville, Ky

MAGAZINE RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.